

Effective on 12/08/04  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

### Complete if Known

Application Number	09/282,238
Filing Date	March 31, 1999
First Named Inventor	Forin, et. al.
Examiner Name	Andy Ho
Art Unit	2194
Attorney Docket No.	116650.07
Express Mail Label No.	N/A

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**0.00**

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: **50-0463** Deposit Account Name: **MICROSOFT CORPORATION**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	300	150	500	250	200	100	<b>0</b>
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	<b>0</b>

#### 2. EXCESS CLAIM FEES

Fee Description	<u>Small Entity</u>	
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 33 - 33 or HP = 0 Extra Claims x 50 = 0 Fee Paid (\$)  
HP = highest number of total claims paid for, if greater than 20  
Indep. Claims 7 - 7 or HP = 0 Extra Claims x 200 = 0 Fee Paid (\$)  
HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims  
Fee (\$) 0 Fee Paid (\$) 0

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets -100 = 0 Extra Sheets / 50 = 0 (round up to a whole) number x 250 = 0 Fee Paid (\$)

#### 4. OTHER FEE(S)

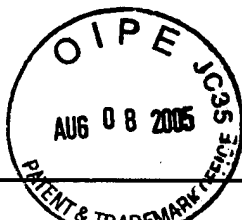
Non-English Specification, \$130 fee (no small entity discount)

Other:

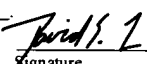
Fees Paid (\$)  
0

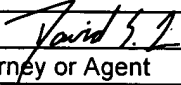
#### SUBMITTED BY

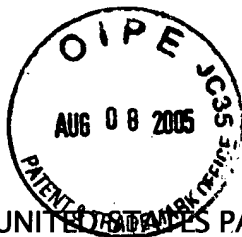
Signature	<i>David S. Lee</i>	Registration No. (Attorney/Agent) <b>38,222</b>	Telephone <b>(425) 703-8092</b>
Name (Print/Type)	<b>David Lee</b>	Date <b>August 4, 2005</b>	



<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/282,238
	Filing Date	March 31, 1999
	First Named Inventor	Forin, et. al.
	Group Art Unit	2194
	Examiner Name	Andy Ho
<input type="checkbox"/> Sent via Express Mail Label No.:	Attorney Docket Number	116650.07

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s) ( sheets)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed ( pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) ( pages)	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A ( pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Application Data Sheet
<b>CERTIFICATE OF MAILING OR TRANSMISSION</b> (Under 37 CFR § 1.8(a)) I hereby certify that this correspondence is being: <input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or <input type="checkbox"/> transmitted by facsimile on the date shown below to the USPTO at (703) _____ <b>August 4, 2005</b> Date  Signature <b>David Lee</b> Printed Name	<input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Request for Corrected Filing Receipt <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.		

SIGNATURE OF ATTORNEY OR AGENT					
Signature		Reg. No.	38,222		
Name of Attorney or Agent		David Lee			
Date	August 4, 2005	Tel.	(425) 703-8092	Facsimile No.	(425) 708-5046
Assignee Name:		MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052			
Customer Number:		22971			



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No.: ..... 09/282,238  
Filing Date: ..... March 31, 1999  
Inventors: ..... Forin, *et al.*  
Applicant: ..... Microsoft Corporation  
Group Art Unit: ..... 2194  
Examiner: ..... Andy Ho  
Confirmation No.: ..... 8338  
Applicant's Docket No.: ..... 116650.07  
Title:           HIGHLY COMPONENTIZED SYSTEM ARCHITECTURE  
                  WITH A DEMAND-LOADING NAMESPACE AND PROGRAMMING MODEL

RESPONSE TO OFFICE ACTION DATED JUNE 14, 2005  
REQUEST FOR RECONSIDERATION

To:           MS: Amendment  
              Commissioner for Patents  
              P.O. Box 1450  
              Alexandria, VA 22313-1450

From:       David S. Lee  
              Customer No. 22971

Sir:

In response to the Office Action of June 14, 2005, in connection with the above-identified application, the following remarks are submitted. Favorable consideration is respectfully requested.